



**APPROVED 01-11-05**  
**KING COUNTY MENTAL HEALTH ADVISORY BOARD**  
**REGULAR MEETING**  
**TUESDAY, DECEMBER 14, 2004**  
**EXCHANGE BUILDING CONFERENCE ROOM 6A**

**Members Present:** Melody Cecilia James, Howard Miller, Helen Nilon, Eleanor Owen, Ron Sterling, Clifford Thurston, Gwendolyn Williams

**Members Absent:** Joshua Freed (unexcused), James Nobles, (excused)

**Guests Present:** Linda Brown (KCASAAB); Rudy McCoy-Pantoja, (private citizen); Allan Panitch (board nominee); Pam Pratt (private citizen); Silvia Singer (VCCC); Eugene Wan (board nominee); Nancy Witherbee (board applicant)

**Staff Present:** Catherine Follett, Lisbeth Gilbert, Stephanie Lane, Susan McLaughlin, Rhoda Naguit, Jean Robertson

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## **I. WELCOME & INTRODUCTION**

Board Chair Ron Sterling convened the meeting at 4:34 p.m. and asked everyone to introduce him/herself.

## **II. MINUTES**

Eleanor Owen made a motion that was seconded by Helen Nilon to approve the November 9, 2004 meeting minutes as submitted. The motion passed unanimously.

## **III. BOARD CHAIR'S REPORT**

### **A. Mental Health Task Force**

Copies of one-page summary of the final Mental Health Task Force Recommendations were distributed. The document contains recommendations based on their findings on areas of supplemental budget, Biennial Budget 2005-07 and policy changes.

Melody Cecilia James inquired about a recommendation requiring the use of evidence-based practice in the treatment of mental illness. Eleanor said that she will address this issue later when she reports on the Evidence-Based Practice for Policy Decision Conference which she attended recently.

Eugene Wan inquired how he could bring future recommendations to the attention of Mental Health Task Force. Jean responded that the Task Force continues to seek input from the public. She encouraged him to attend future meetings. In addition, he could also write to Representative Eileen Cody or bring his recommendations through the Mental Health Board and the board will forward these to the legislators. Another way is to bring these concerns before NAMI.

#### **IV. PRESENTATION**

Catherine Follett gave a PowerPoint presentation of the Children's Mental Health Plan (CMHP). The Plan was developed to sustain the system improvements developed under the grant-funded Children and Families in Common project and to disseminate best practices in children's mental health system. The CMHP describes how the Mental Health, Chemical Abuse and Dependency Services Division will carry forth and implement family and youth involvement, collaboration, and coordination at every level of the system of care. The emphasis of the Plan is family-youth involvement. The goal of the plan is to stabilize children and youth in their homes and communities so as to avert the need for hospitalization.

Catherine also shared a brief history of System of Care which started in 1980s with Child, Adolescent Service System Program. Under the plan, the principles of system of care are family driven, culturally competent, coordination/collaboration, community based and individualized care. The outcomes include improved mental health system that achieves better outcomes for children and families, family and youth involvement in every aspect of mental health system and implementation of recovery oriented services for all clients.

The role of the King County Mental Health Board in this Plan is to provide feedback and input into the plan, assist in marketing the plan with the providers and the community and support its implementation.

For the next two years, the Division will provide wraparound trainings for providers.

Question and Answer Portion:

Q: What successful models were used?

A: The models were from Federal grant's 62 sites.

Q: What are the evaluation outcomes?

A: The evaluation outcomes include improved school performance, improved school attendance and caregiver strain.

Q: Do you anticipate problem in getting youth participation?

A: This is a very challenging part of the program. What worked with the grant project was to offer some incentives such as giving credits or paying youth for their participation.

Q: There is a noticeable absence of crisis intervention by law enforcement.

A: Good observation. This will be added in the Plan.

Q: A private citizen, Rudy McCoy asked a question on age of consent. He asked how a parent could get a child aged 13 or 14 years old to go to counseling if she doesn't want to?

A: This is a common problem and a difficult case to resolve. However, some agencies have developed creative ways for clinicians take a more pro-active role in getting families involved in the process and to improve rapport with the kids and eventually gain their trust. The establishment of a Project Team or filing At Risk Youth can help address this problem. Catherine asked Rudy to contact her if he needs further assistance or have further questions regarding this issue.

Deadline of submission of feedback or comments about the Plan is January 30, 2005.

## **V. COMMITTEE REPORTS**

### **A. Legislative Advocacy & Public Affairs Committee**

Eleanor Owen reported that the recently concluded Joint Legislative Forum was well-attended and was a successful event. For the first time in the history of the Legislative Forum, three Republicans from Eastside attended the forum, which gave a balance to the event. It was observed that whenever the event was held at St. Mark's facility it yielded higher turnout. The committee members will discuss the proposal to hold the forum in the same facility permanently.

The future plan of the committee is to follow through with the legislators on the priority issues.

### **B. Nominations Committee**

There are no new applicants at this time.

### **C. Quality Council**

Helen Nilon reported that the Council is being educated on management indicator. An invitation has been extended to families and networks of support to provide input particularly on youth issues. Helen also stated the need for more representation from the providers at the Quality Council (QC). She continues to put out the word to get more people involved with QC.

#### **D. Recovery Initiatives Committee**

The Division staff continues to work on the Recovery Ordinance. The contract for 2005 reflects the changes made to further promote recovery-oriented practices. Regional Employment Service Providers (RESP) are taking more clients. Eleanor stated that she would like to see providers having more successful engagements with their clients with respect to employment issues.

For future committee meetings, they will watch a video and will talk about Ticket to Work.

#### **E. Goals and Priorities Committee**

The committee has developed a solid outline of recommendations about the goals and priorities of the board for 2005. There are five headings they are developing under these recommendations. The target date for distribution of these recommendations is at the January 2005 board meeting.

Board Chair Ron Sterling, Helen Nilon, Howard Miller and Eleanor Owen had a very productive meeting with County Councilmember Kathy Lambert. She generously gave the board one full hour meeting time. A written report of the meeting will be provided to the board next month.

### **VI. STAFF REPORT**

#### **A. Mental Health Workgroup Chartered**

Jean Robertson reported that three new workgroups have been formed to develop implementation strategies for new services available under the Medicaid waiver. The three workgroups include: Respite Care Services Work Group, Peer Support and Clubhouse Work Group, and Mental Health Supported Employment Work Group. Two additional work groups are also to be convened: A Consumer Participation Work Group and a High Utilizers Work Group. The Consumer Participation Work Group will be addressing BBA-required quality assessment performance indicator to improve consumer participation in treatment planning. Jean asked a representation from Quality Council or a board member to be a part of this work group. The High Utilizers Work Group is to develop methods for reducing high utilization of hospitalization by an identified group of enrolled clients.

Eugene Wan was recommended and was approved by the board to represent the board on the Consumer Participation Work Group. The chair of this workgroup is Debra Sbrenek.

#### **B. Consumer Pilot Project Awardees**

The King County Mental Health, Chemical Abuse and Dependency Services Division put out an RFP for Consumer Pilot Project funds. The purpose of the funds

is to give consumers enrolled in the King County Mental Health Plan an opportunity to create projects that are income generating, promote health and wellness, or provide a service to the community. The following agencies were selected for Consumer Pilot Project funding:

- Seattle Mental Health for their Adult Community Support Program Service Center Project - \$4,706.56.
- Community Psychiatric Clinic for their Recovery Through Art Project - \$1,000
- National Alliance for Mentally Ill (NAMI)-Eastside for their Consumer Webpage Project - \$3,750
- Asian Counseling and Referral Services for their New Life Bakery Project - \$5,000
- Highline West Seattle Mental Health Center for their Consumer Run Espresso Service - \$5,000
- NAMI-Greater Seattle for their Hofmann House Project - \$1,069

Board Chair Sterling recommended posting this information on the Mental Health Board website.

### **C. CMS Audit**

The Center for Medicaid Service (CMS) audit is finished. It was a fact-finding audit to obtain information for setting current rates accurately. The goal or purpose of CMS is to determine what rate to approve.

Eleanor brought up the issue of bed availability at Western State Hospital and expressed her wish to see providers more proactive in lobbying for this issue.

## **VII. LIAISON REPORTS**

### **Howard Miller, Downtown Emergency Service Center**

DES is making progress on several fronts. A five-year strategic plan is now in draft form and, after a final fine tuning and review, will be acted upon at the January board meeting.

Remodeling of the Morrison building is now 70% complete. The entire project is expected to be completed by the end of March 2005.

The 1811 project is making up time loss on early construction problems and funding is on target, obviating the need for any reduction in scope.

A new Homeless Service Center providing an array of services primarily for single men including case management, a meal's program, and overnight shelter for at least 35 men is being considered by the city of Seattle, which has already earmarked \$3.2M towards the cost of development. However, the proposed location at 5<sup>th</sup> and Yesler is being questioned by some members of the City Council along

with community leaders in the International District and the Pioneer Square neighborhoods. The Mayor and the City Council have agreed to consider alternative siting for the Center.

DESC is exploring a projected new partnership between the National Alliance to End Homelessness and the Corporation for Supportive Housing. A cost analysis involving providing services to the chronic homeless in nine different cities is underway, which will compare the cost of supportive housing against jail, hospital, etc.

### **Clifford Thurston, Consumer Operated Program**

Last Wednesday, the Consumer-run Work Group gave a presentation at the joint legislative at Sea-Tac. The presentation was enthusiastically received by the legislators. The consumer-run services bill should be filed soon. Representative Al O'Brien will be one of the sponsoring legislators. A copy of the bill will be sent to the board members and to Jean Robertson.

## **VIII. BOARD AND COMMUNITY CONCERNS/NEW BUSINESS**

Eleanor Owen reported on the outstanding and most impressive Evidence Based Practice for Policy Decisions Conference she attended recently. She passed out copies of one-page report. She stated that according to the report, Medicaid may not fund programs in the future that do not comply with certain evidence-based practices.

There was an exchange of opinion on the pros and cons of evidence based practices.

Rudy McCoy-Pantoja, a private citizen and former member of the KCMHAB, attended to ask the Board to assist him with understanding why it is so difficult to find ways to get children older than 13 into counseling or other mental health treatment. He noted that the age of consent for mental health treatment seems to be an obstacle to treatment and wanted the Board's support in possibly altering the age of consent to an older age, such as 16. He was advised that Board members have many views on this issue and there is no Board consensus. He was referred to Representative Mary Dickerson who has been working on this issue for several legislative sessions. He was also advised by staff at the meeting of alternatives for obtaining assistance for a young person who is resisting assistance and treatment to their detriment and the detriment of their family.

There being no further business, the meeting was adjourned at 6:35 p.m.

Prepared by:

Attested by:

Rhoda A. Naguit  
Recording Secretary

Ron Sterling  
Board Chair